FORM D

SEC Mail Processing Section SE

SSING UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

AUG 12 2008

FORM D

UNIFORM LIMITED OFFERING EXEMPTION

Washington, DNOTICE OF SALE OF SECURITIES
110 PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR

| 170 0 | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB APPR | | | | | | | | | |
| OMB Number: | 3235-0076 | | | | | | | | |
| Expires: | • | | | | | | | | |
| Estimated average burden | | | | | | | | | |
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| SEC USE ONLY | | | | | | | | |
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| | | 1 | | | | | | |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) Private Placement (ALL DOLLAR AMOUNTS REFLECT AGGREGATE JOINT OFFERI | |
|--|---|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section Type of Filing: New Filing Amendment | 4(6) ULOE and 12 CFR §16.7 |
| A. BASIC IDENTIFICATION DATA | |
| 1. Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Modern Bank, National Association | 08057820 |
| Address of Executive Offices (Number and Street, City, State, Zip Cod | c) Telepi. |
| 667 Madison Avenue, New York, NY 10065 | 212-323-1100 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Co (if different from Executive Offices) | de) Telephone Number (Including Area Code) |
| Brief Description of Business | PROCESSED |
| Banking | P ROCESSED |
| Type of Business Organization | AUG-1-4-2008 |
| ✓ corporation | er (please specify): Thomson REUTERS |
| Actual or Estimated Date of Incorporation or Organization: Month Year | incorporated under the laws of the United States as a national bank |
| GENERAL INSTRUCTIONS | |

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

| A SALES ENGLISHED | | A. BASIG II | ENTIFICATION DATA | | The same of the state of the same of the s |
|--|-------------------------|---|-------------------------------|--------------------|--|
| 2. Enter the information | requested for the fo | ollowing: | | | |
| Each promoter of | f the issuer, if the is | ssuer has been organized | within the past five years; | | |
| Each beneficial o | wner having the pov | wer to vote or dispose, or d | irect the vote or disposition | of, 10% or more | of a class of equity securities of the issue: |
| Each executive o | fficer and director o | of corporate issuers and o | f corporate general and ma | maging partners o | of partnership issuers; and |
| Each general and | managing partner | of partnership issuers. | | | |
| Check Box(es) that Apply: | Promoter | ■ Beneficial Owner | Executive Officer | ✓ Director | General and/or Managing Partner |
| Full Name (I set name first | if individual) | | | | |
| Full Name (Last name first, Siegal, Bippy M. | ii individual) | | | | |
| Business or Residence Addr | ress (Number and | Street City State 7in C | 'ode) | · | |
| c/o Modern Bank, N.A., | | • | • | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, Burke, Anthony E. | if individual) | | | | |
| Business or Residence Addr | ess (Number and | Street, City, State, Zip C | ode) | | |
| c/o Modern Bank, N.A., 6 | | | • | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, Bains, Leslie E. | if individual) | | | | |
| Business or Residence Addr | ess (Number and | Street, City, State, Zip C | ode) | | |
| c/o Modern Bank, N.A., 6 | 667 Madison Ave | nue, New York, NY 1 | 0065 | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Lane, Jeffrey B. | | | | | |
| Business or Residence Addre c/o Modern Bank, N.A., | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i Goverman, Lewis J. | if individual) | | | | |
| Business or Residence Addre c/o Modern Bank, N.A., 6 | | Street, City, State, Zip Co enue, New York, NY 1 | , | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| full Name (Last name first, i Weinberg, Jonathan | f individual) | | | | |
| Business or Residence Addre c/o Modern Bank, N.A., 6 | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| full Name (Last name first, it Turgeon, T.J. | f individual) | | | | |
| Business or Residence Address No Modern Bank, N.A., 6 | | | | | |
| | (Use blan | k sheet, or copy and use i | additional copies of this sh | eet, as лесеssary) | |

| | Archelo recon | A BASIC | DENT | FIGATION DATA | | | 10000 | Tarin de la company de |
|---|----------------------|--|----------------|------------------------------|---------------|--------------|---------|------------------------------------|
| 2. Enter the information | requested for the f | THE PERSONAL PROPERTY OF THE REPORT OF THE PERSON NAMED IN | rinder paramet | and the second second second | | | | |
| | the issuer, if the i | ssuer has been organize | d within | the past five years. | | | | |
| | | | | | | % or more | 060 - | ass of equity securities of the is |
| Each executive of | ficer and director | of corporate issuers and | of corne | orate general and m | nnaein: | F Dariners d | or H C | ass of equity securities of the is |
| | | of partnership issuers. | | Beneral End W | 21.45·11 | P bmmci2 c | n fratí | neisnip issuers, mid |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | er 🚺 | Executive Officer | | Director | | General and/or Managing Partner |
| full Name (Last name first, Sabatini, Steve | if individual) | | | Arris . | _ | | | Wanagang . attno |
| usiness or Residence Addr o Modern Bank, N.A., | • | | • | 5 | | - | | |
| heck Box(es) that Apply: | Promoter | Beneficial Owne | it 🗌 | Executive Officer | Z | Director | | General and/or Managing Partner |
| ull Name (Last name first, House, David | if individual) | | | | | | | |
| usiness or Residence Addre o Modern Bank, N.A., 6 | • | | , | | | | | |
| heck Box(es) that Apply: | Promoter | Beneficial Owne | r 🗌 | Executive Officer | Ø | Director | | General and/or Managing Partner |
| all Name (Last name first, i Reynlak, Stefan V. | f individual) | | | | | | | |
| usiness or Residence Addre | ss (Number and | Street, City, State, Zip | Code) | | | | | |
| o Modern Bank, N.A., 6 | 67 Madison Ave | enue, New York, NY | 10065 | | | | | |
| neck Box(es) that Apply: | Promoter | Beneficial Owner | . 🗅 | Executive Officer | 12) | Director | | General and/or Managing Partner |
| ill Name (Last name first, i | f individual) | | | | | | | · |
| pibaum, Isaac | | | | | | | | |
| isiness or Residence Addre /o Modern Bank, N.A., 6 | | • | - | | | | | <u></u> |
| neck Box(es) that Apply: | Promoter | Beneficial Owner | | Executive Officer | Ø | Director | | General and/or Managing Partner |
| II Name (Last name first, i nen, Jonathan | f individual) | | | - | - | | | |
| siness or Residence Addres o Modern Bank, N.A., 6 | | | • | | | | | |
| eck Box(cs) that Apply: | Promoter | Beneficial Owner | | Executive Officer | _ Z | Director | | General and/or Managing Partner |
| l Name (Last name first, if eberman, Leonard | individual) | | | | | · | | |
| siness or Residence Addres o Modern Bank, N.A., 6 | | | | | | | | <u></u> |
| eck Box(es) that Apply: | Promoter | Beneficial Owner | | Executive Officer | Z | Director | | General and/or Managing Partner |
| Name (Last name first, if elillo, Joseph | | | | | - | . | | |
| siness or Residence Addres Modern Bank, N.A., 68 | | | | | | | | |
| | (Use blas | sk sheet, or copy and use | additio | nal copies of this st | neci, as | necessary) | | |

| | | | | | | | | | _ | |
|---|-----------------------|---------------------------------------|----------|------------------------|--------|-----------------------|----------|---------------|---------|------------------------------------|
| | | | | A. BASIC IDI | ENTI | FICATION DATA | _ | | <u></u> | · |
| 2. E | Enter the information | requested for the f | ollowi | ng: | | | | | | |
| • | Each promoter of | f the issuer, if the i | ssuer l | nas been organized w | ithin | the past five years; | | | | |
| • Each promoter of the issuer, if the issuer has been organized within the past five years; | | ss of equity securities of the issuer | | | | | | | | |
| • | Each executive o | fficer and director | of com | orate issuers and of | согро | rate general and ma | naging | g partners o | f partn | ership issuers; and |
| • | Each general and | managing partner | of part | tnership issuers. | | | | | | |
| 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the is • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and • Each general and managing partner of partnership issuers. Check Box(es) that Apply: | | Clandt | | | | | | | | |
| CHECK | . вох(ез) шаг Арріў. | | | Belleticial Owliet | | Executive Officer | | Director | | |
| | • | if individual) | | | - | | | - | | |
| | | ress (Number an | d Stree | t City State Zin Co | ide) | | | | | |
| | | • | | | , | ; | | | | |
| Check | Box(es) that Apply: | Promoter | | Beneficial Owner | | Executive Officer | | Director | | |
| Full N | ame (Last name first, | if individual) | _ | | _ | | | | | |
| Busine | ess or Residence Addi | ress (Number and | d Stree | t, City, State, Zip Co | de) | | | | | |
| | | | _ | | | | | | | |
| Check | Box(es) that Apply: | Promoter | | Beneficial Owner | | Executive Officer | | Director | | |
| Full N | ame (Last name first, | if individual) | | | | | | | | |
| Busine | ess or Residence Addr | ess (Number and | Stree | t, City, State, Zip Co | de) | | | | | |
| | | | | | | | | | | |
| Check | Box(es) that Apply: | Promoter | | Beneficial Owner | | Executive Officer | | Director | | |
| Full Na | ame (Last name first, | if individual) | | | | | <u> </u> | | | |
| Busine | ess or Residence Addr | ess (Number and | 1 Street | , City, State, Zip Co | de) | | | | | |
| Check | Box(es) that Apply: | Promoter | | Beneficial Owner | | Executive Officer | | Director | | |
| Full Na | ame (Last name first, | if individual) | | | | | | | | |
| Busine | ss or Residence Addre | ess (Number and | Street | , City, State, Zip Co | de) | | ·· | | | |
| Check | Box(es) that Apply: | Promoter | | Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Na | ame (Last name first, | if individual) | | | | | | | | |
| Busine | ss or Residence Addre | ess (Number and | Street | , City, State, Zip Co. | de) | | | - | | |
| Check | Box(es) that Apply: | Promoter | | Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Na | me (Last name first, | if individual) | | | | | | | | |
| Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the Each executive Officer and director of corporate issuers and of corporate general and managing partners of pattnership issuers; and Each executive Officer and director of corporate issuers and of corporate general and managing partners of pattnership issuers; and Each executive Officer and director of corporate issuers and of corporate general and managing partners of pattnership issuers; and Each executive Officer partners of pattnership issuers, and Each executive Officer partners of pattnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Office | | | | | | | | | | |
| | | | | - <u> </u> | | | | | | |
| | | (Use bla | ink she | et, or copy and use a | dditio | nal copies of this sh | ect, a | s necessary) |) | |

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|------------------|---|--|--|---|---|--|---|--|--|-------------------------|---|-----------------------------------|-------------|
| I. H | łas the | issuer sol | d, or does ti | he issuer | intend to se | ell. to non- | accredited | investors | in this offe | ring? | ***** | Yes | No |
| | | | , | | | | | | | - | *************************************** | | R |
| 2. V | Yes No | | ,360.00 | | | | | | | | | | |
| _ | | | | | | | | | | | | Yes | No |
| | | | | | | | | | | | | رت | |
| 0: 0: a | ommis fapers r states broker | sion or sim on to be lis , list the na or dealer | nilar remune sted is an ass ame of the b , you may so | ration for sociated p roker or d et forth th | solicitation erson or ag lealer. If m | of purcha ent of a bro ore than fi | sers in com oker or deal ve (5) perso | nection wit ler register ons to be lis | h sales of se ed with the sted are ass | curities in SEC and/ | n the offering | | |
| Full N | ame (I | ast name. | first, if indi | vidual) | | | | | | | | | |
| Busine | ess or l | Residence | Address (N | umber an | d Street, C | ity, State, | Zip Code) | | - | | <u> </u> | - | |
| Name | of Ass | ociated Br | oker or Dea | aler | | | | | | | | | |
| States | in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit | Purchaser | | | | | | · |
| (C | Check ' | All States | " or check i | individua | l States) | ••••• | | - | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | *********** | *************************************** | □ A | II States |
| ΓĀ | L | AK | ĀZ | [AR] | CA | CO | [CT] | DE | DC | FL | GA | <u>н</u> | [ID] |
| | L) | ĪN | ĪĀ | KS | ΚŸ | LA | ME | MD | MA | MI | MN | MS | MO |
| | <u>IT</u>] | NE | NV | NH | N | NM | NY | NC | ND | OH | OK. | OR | PA |
| [R | <u>[]</u> | SC | SD | [TN] | (TX) | UT] | VT | VA | WA | WV | [WI] | WY | PR |
| Full Na | ame (L | ast name i | first, if indiv | vidual) | · | | | | | | | | |
| Busine | ss or I | Residence | Address (N | umber an | d Street, C | ity, State, | Zip Code) | | | | · | | |
| Name o | of Asso | ciated Bro | oker or Dea | ler | | | | | , | | | | |
| | | | | | | | | | | | | | |
| | | | Listed Has | | | | | | | | | | |
| (C) | леск ". | All States | or check in | ומטסועוםת | States) | ••••••••••• | *************************************** | | | ····· | | ☐ Al | II States |
| A | | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | ΗĪ | ID |
| <u> </u> | | IN NE | IA NV | KS NH | KY NJ | LA | ME | MD | MA | MI | | MS | MO |
| R | | SC | SD | TN | TX | NM) [UT] | NY VT | NC VA | ND WA | OH WV | | OR WY | PA PR |
| Fuli Na | me (La | st name fi | rst, if indiv | idual) | | | | | | | | | ····· |
| | | | | | | | | | | | | | |
| Busines | s or R | esidence A | Address (Ni | imber and | d Street, Ci | ty, State, 2 | Zip Code) | | | | | | |
| Name of | f Assoc | iated Bro | ker or Deal | er | | | | | · · · · | | | | |
| States in | Whic | h Person I | isted Has S | Solicited | or Intends | to Solicit I | urchasers | | | | | | |
| (Ch | eck "A | Il States" | or check in | dividual | States) | *************************************** | *************************************** | *************************************** | *************************************** | ••••••••••• | | [] Ali | States |
| AL |] | AK | AZ | AR | CA | CO | CT | DE | [DC] | (FL) | GA) (| HI] | [ID] |
| II. | _ | IN | IA | KS | KY | LA | ME | MD | MA | MI | | MS | MO |
| M <u>T</u> RI | | NE SC | NV SD | TN TN | NJ TX | NM UT | NY) VT | NC) | ND) | OH WOO | | OR) | PA |
| [7] | J | 50 | المعين | | لكت | [01] | (<u> </u> | VA | WA] | WV | WI [| $\overline{\mathbf{W}}\mathbf{Y}$ | PR] |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and | | |
|----|---|-----------------------------|--------------------------------------|
| | already exchanged. ** Type of Security | Aggregate Offering Price | Amount Already Sold |
| | •• | s 0.00 | 0.00 |
| | Equity | | · •——— |
| | Common Preferred | | 0.00 |
| | Convertible Securities (including warrants) | \$_ ^{0.00} | . \$ |
| | Partnership Interests | | \$_0.00 |
| | Other (Specify) | | \$_0.00 |
| | Total | <u>5_7,433,756.00</u> | s_7,433,756.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." *** | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | | \$_7,433,756.00 |
| | Non-accredited Investors | | \$_0.00 |
| | Total (for filings under Rule 504 only) | 0 | \$_0.00 |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | |
| | Type of Offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | | \$ |
| | Regulation A | | 2 |
| | Rule 504 | | \$ |
| | Total | | \$_0.00 |
| 1 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. ** | | |
| | Transfer Agent's Fees | П | \$ ^{0.00} |
| | Printing and Engraving Costs | | \$ 0.00 |
| | Legal Fees | | \$ 75,000.00 |
| | Accounting Fees | | \$ 8,500.00 |
| | Engineering Fees | | \$ 0.00 |
| | Sales Commissions (specify finders' fees separately) | _ | \$_0.00 |
| | Other Expenses (identify) | | \$ 0.00 |
| | T-4-1 | | e 83 500 00 |

**All dollar amounts reflect aggregate joint offering with Modern Bank Partners LLC

| . 7 | | MBER OF INVESTORS, EXPENSES AND USE OF P | roceens. | |
|-------------|--|---|--|--|
| | and total expenses furnished in response to Part C- | fering price given in response to Part C — Question I — Question 4.a. This difference is the "adjusted gross | | \$ |
| 5. | each of the purposes shown. If the amount for | proceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and I of the payments listed must equal the adjusted gross art C — Question 4.b above. ** | | _ |
| | | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | | | | |
| | Purchase of real estate | |] s | . Ds |
| | Purchase, rental or leasing and installation of m | achinery | 7.6 | m* |
| | | acilities | _ | |
| | Acquisition of other businesses (including the v | _ | j " | . Џ " |
| | offering that may be used in exchange for the as | ssets or securities of another | 7 ¢ | r-1 e |
| | | | | |
| | | | | |
| | | | | |
| | Other (specify). | | J. 3 | □ s |
| | | |]\$ | s |
| | Column Totals | | \$ <u>0.00</u> | 7 ,350,256.00 |
| | Total Payments Listed (column totals added) | | [7] \$ _ ^{7,3} | 350,256.00 |
| 130 | | D. FEDERAL SIGNATURE | | |
| <u> 120</u> | | | | |
| sign | iture constitutes an undertaking by the issuer to fi | he undersigned duly authorized person. If this notice is urnish to the U.S. Securities and Exchange Commissiceredited investor pursuant to paragraph (b)(2) of Ru | on, upon writter | le 505, the following n request of its staff, |
| ssu | r (Print or Type) | | | |
| Mod | lern Bank, National Association | Grichory Chauter A | ugust 11, 2008 | |
| Vam | e of Signer (Print or Type) | Title of Signer (Print or Type) | | |
| nth | ony E. Burke | President | | |

**All dollar amounts reflect aggregate joint offering with Modern Bank Partners LLC

---- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| E. STATE SIGNATURE | | 16.7 | _ |
|--|-----|----------------|---|
| Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | No Æ | _ |
| | | | |

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | Signature/ | Date |
|-----------------------------------|-----------------------|-----------------|
| Modern Bank, National Association | Miles Such | August 11, 2008 |
| Name (Print or Type) | Title (Print or Type) | L |
| Anthony E. Burke | President | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 l 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors State Amount **Investors** Amount Yes No ALΑK ΑZ AR 2 CA \$850,000.00 × X CO CT \$1,000,000. X DE DC FL GΑ HI ID ILIN IΑ KS ΚY LA ME MD MAMi MN MS

APPENDIX 2 3 5 1 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of amount purchased in State investors in State offered in state waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors **Investors** Yes No Amount Amount MO MT NE NVNH NJ NM 12 NY \$5,583,756 X NC ND OH OK OR PA RI SC SD TN TX UT VT ٧A WA wv WI

| | • | | · | APP | ENDIX | | | | |
|-------|----------|--|--|--------------------------------------|-----------|---|--------|---|--|
| ì | to non-a | d to sell accredited is in State | Type of security and aggregate offering price offered in state | | amount pu | f investor and urchased in State | | under St (if yes explan waiver | lification ate ULOE , attach ation of granted) |
| State | Yes | No | (Part C-Item 1) | Number of Accredited Investors | Amount | C-Item 2) Number of Non-Accredited Investors | Amount | Yes | No |
| PR | | | | | | | | | |

